	PAIENI	Effe	tive Octo			ION KEC	UHL	'	10	19	05	24
CLAIMS AS FILED - PART SMALL ENTITY OTHER TH												
7	OTAL CLAIM	ş .	12.				1	RATE	FEE	7	RATE	FEE
F	OR .		NUMBER FILED		NUMBER EXTRA		1	BASIC FI	385.00	OF	BASIC FEI	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=			• 71.		XS 9=		OB	- VC-00	26.
INDEPENDENT CLAIMS			Č minus 3 =		•			X43=	+	1	Yes	70.
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT			П	1	A43=	+	OR	700=	
t liebe difference in actuate t in large than never actual NO in actual 2						naluana 0	J .	+145=		OR	<u> </u>	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	A OP
-	-3-06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	ÓR	OTHER	
<u>ا</u>	1	(Column 1)	T	HIGH	EST	(Column 3	ו ו	Onin-Ci	ADDI-	7		ADDI-
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDRICKI	Total	. 22	Minus	-7	2.	19		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus		3	1.00	11	X43=		OR	X86=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	1
								TOTAL		-	TOTAL	\
3.29.06 (Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	\int	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT	Independent	• 3	Minus	··· 3		=		X43≠ ·		-	X85≈	
_	FIRST PRESE	NTATION OF MU	ATIPLE DE	PENDENT (CLAIM		lŀ			OR		
							L	+145=.		ÓR	+290=	•
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7		(Column 1)		(Column		(Column 3)					· _	,
		REMAINING AFTER AMENDMENT		PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	-	
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+145=		OR	+290=	
~ {	the "Highest Nu the "Highest Nu	AC	TOTAL OTT. FEE		OR ,	TOTAL DOTT. FEE						
1	The 'Highest Nurr	ber Previously Paid	For (Total or	Independent) is the	righest number	e fouri	in the ap	ropriete box	in colu	ann 1.	· .
_	PTO-475 (Rev. 10	MOTE .					-	and Youdan	with Office 1U !		·	NAME OF STREET

Application or Docket Number